



**AMES FITNESS CENTER**  
PHYSICAL ACTIVITY READINESS ASSESSMENT FORM

☐ NEW \*  
☐ RENEWAL

**NAME:** \_\_\_\_\_ ☐ Male ☐ Female  
Last First Middle  
UUPIC/ Emp #: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Birth date: \_\_\_\_\_  
(If Known)  
☐ Civil Servant ☐ Contractor, Company: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

**TO BE COMPLETED BY MEMBER:**

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Are you a man older than 45yrs, or woman older than 55yrs?                        |
| <input type="checkbox"/> | <input type="checkbox"/> | Has a doctor ever told you that you have a heart condition?                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you experience chest discomfort with physical activity?                        |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you experienced unreasonable breathlessness, dizziness, or fainting?         |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have a bone or joint problem that could be worsened by physical activity?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Has a doctor ever recommended medication for blood pressure or a heart condition? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have diabetes or high blood sugar?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you more than 25lbs overweight?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you smoke tobacco regularly?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Has a blood relative suffered a heart attack or stroke before the age of 50?      |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you aware of any other reason that would prohibit you from exercising?        |

**TO BE COMPLETED BY FITNESS CENTER STAFF:**

- | Yes                      | No                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Blood Pressure was measured and found to be in the acceptable range. (<140/90) |

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If you marked two or more of the questions "yes", or if your blood pressure is too high, you must consult with a healthcare provider before engaging in exercise. Please have them complete the **Medical Clearance Form** located on the back of this assessment. Then return the completed forms to the Fitness Center.*

**\* NOTE: New clients** must attend a Fitness Center orientation before using the facility. Orientations are held on Thursdays @ 9am and 3pm in the Fitness Center, Bldg N-221. Clients will not be allowed to attend orientation if they arrive past the start time. After completing the orientation session, and any required medical clearance, it will take 3-5 days to activate your badge for access to the Fitness Center.



## AMES FITNESS CENTER PHYSICAL ACTIVITY MEDICAL CLEARANCE FORM

### TO BE COMPLETED BY CARE PROVIDER (Physician, Nurse Practitioner, or Physician Asst):

Medical clearance to participate in an independent exercise program has been requested by your patient: \_\_\_\_\_

(Patient's Name)

### RECOMMENDATIONS: (please check one)

- ☐ There is no medical restriction for independent physical activity.
- ☐ I have instructed my patient to restrict independent physical activity as follows:

Restrictions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

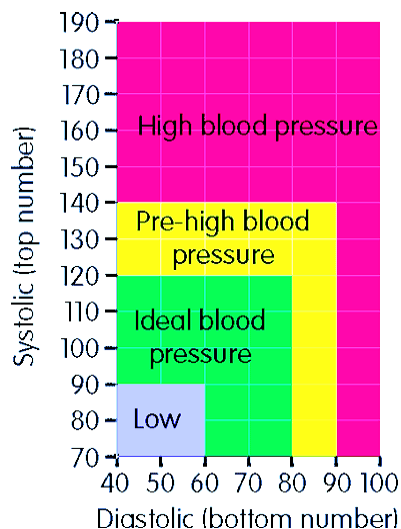
This evaluation included a blood pressure check.

Examiner Name (please print) \_\_\_\_\_

Examiner Signature \_\_\_\_\_

Date \_\_\_\_\_

Phone number: \_\_\_\_\_



Medical Evaluation is *required* before using Fitness Center, if resting blood pressure is >140/90.

Medical Evaluation is *recommended* before using Fitness Center if resting blood pressure is >130/80.